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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	AND Fo	r An Authorize	ed Committee	Offi	ce Use Only
1. NAME OF COMMITTEE (in		R PRINT ▼	Example: If typing, typover the lines.	De 12FE4M5	
Kleinhendler F	or Congress				
ADDRESS (number ar		ox 1692			
Check if dit than previoreported. (A	usly Brick			NJ 0872	23
2. FEC IDENTIFIC	CATION NUMBER	V	CITY	STATE A	ZIP CODE
C C005543·	11	3. IS		AMENDED (A)	STATE ▼ DISTRICT NJ 03 1
(a) Quarterly R	5 Quarterly Report (Q	(b) 12-	Day PRE -Election Report for Primary (12P) Convention (12C)	the: General (12G) Special (12S)	Runoff (12R)
	Quarterly Report (Q2 r 15 Quarterly Report	(00)	ection on	D / Y Y Y Y	in the State of
January	/ 31 Year-End Report	(YE) (c) 30-	Day POST-Election Report for	or the:	
Termina	ation Report (TER)	Ele	General (30G) ection on	Runoff (30R)	in the State of
5. Covering Period	M M / D	01 / Y Y 2016		M M / D D / Y	Y Y Y 2016
-			of my knowledge and belief	it is true, correct and co	mplete.
Type or Print Name	ot ireasurer Howa	ard Kleinhendler			
Signature of Treasure	er Howard Kleinh	nendler	[Electronically Filed]	Date Date	11 / 2016
	false, erroneous, or i	ncomplete informa	ation may subject the person s	igning this Report to the p	enalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Kleinhendler For Congress

01 03 31 2016 01 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 0.00 3931.81 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 3931.81 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 45.00 72672.53 (from Line 17) (b) Total Offsets to Operating 0.00 608.33 Expenditures (from Line 14)..... (c) Net Operating Expenditures 45.00 72064.20 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 594.61 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 70010.00 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Kleinhendler For Congress

Report Covering the Period: From: 01 01 2016 To: 03 31 2016

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
11.	CONTRIBUTIONS (other than loans) FROM:			
	(a) Individuals/Persons Other Than Political Committees			
	(i) Itemized (use Schedule A)	0.00	3579.00	
	(ii) Unitemized	0.00	100.00	
	(iii) TOTAL of contributions from individuals	0.00	3679.00	
	(b) Political Party Committees	0.00	0.00	
	(c) Other Political Committees (such as PACs)	0.00	0.00	
	(d) The Candidate	0.00	252.81	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	3931.81	
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
3.	LOANS:			
	(a) Made or Guaranteed by the Candidate	0.00	70010.00	
	(b) All Other Loans	0.00	0.00	
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	70010.00	
4.	OFFSETS TO OPERATING			
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	608.33	
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00	
6.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	74550.14	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	45.00	72672.53
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other	0.00	0.00
	Than Political Committees		0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	45.00	72672.53
	III. CASH S	UMMARY	
23.	CASH ON HAND AT BEGINNING OF REPC	DRTING PERIOD	639.61
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		639.61
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	45.00
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)	IG PERIOD	594.61

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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JAN5			Detailed Summ	ary Page	(check only of	ie)	13b
AME OF COMMITTEE (In Full) Kleinhendler For Congress			Т	ransaction	ID : SC/10.4104		
LOAN SOURCE Full Name (Last Howard Kleinhendler	, First, Middle Initial)	PERSONAL FUN	[DS] Memo Iter		ction: 2014 Primary General		
Mailing Address 8 Cabinfield Circle					Other (specify)	▼	
City	State NJ	ZIP Code 08701					
Original Amount of Loan	Cumulati	ve Payment To D	ate	Balance	Outstanding at (Close of T	his Period
100	00.00	2 2	0.00			1000).00
Date Incurred MO1 / D06 / Y 2014	M M /	Date Due	Intere	est Rate 0.00	% (apr)	Secured	\boxtimes
List All Endorsers or Guarantors	· · · · · · · · · · · · · · · · · · ·						
1. Full Name (Last, First, Middle	Initial)		Name of Employer	•			
Mailing Address		(Occupation				
City	State ZIP Cod	de	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle	Initial)	1	Name of Employer				
Mailing Address			Occupation				
City	State ZIP Cod	de	Amount Guaranteed Dutstanding:	7			
3. Full Name (Last, First, Middle	Initial)	1	Name of Employer				
Mailing Address			Occupation				
City	State ZIP Cod	de	Amount Guaranteed Dutstanding:	7			
4. Full Name (Last, First, Middle	Initial)	1	Name of Employer				
Mailing Address			Occupation				
City	State ZIP Cod	de	Amount Guaranteed Outstanding:	7	7		
SUBTOTALS This Period This Page	(optional)		·····		7	1000	0.00
FOTALS This Period (last page in the	is line only)				7 7		
Carry outstanding balance only to I	INE 3, Schedule D, f	or this line. If no	Schedule D, car	ry forward	to appropriate	line of Su	ımmary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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OF

Claim Common Company Compan	DANS		Detailed Summary Page	13b
Howard Kleinhendler Mailing Address State ZIP Code	, ,		Transacti	on ID : SC/10.4106
Malling Address 8 Cabinfield Circle City Clarewood NJ 08701 Conginal Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Feriod This Page (optional)		st, Middle Initial) PERSONAL I	FUNDS] Memo Item	Primary
Lakewood NJ 08701 Criginal Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This F Date Incurred Date Due Interest Rate Secured: Nov Ocopy Date Due Interest Rate Secured: Nov Ocopy Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code City State ZIP Code Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code City State ZIP Code Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code City State ZIP Code City State City State ZIP Code Cupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Coupation Amount Guaranteed Outstanding: Date Due Interest Rate Secured: Occupation Amount Guaranteed Outstanding: City State ZIP Code Coupation Amount Guaranteed Outstanding: Date Due Interest Rate Secured: Occupation Amount Guaranteed Outstanding: City State ZIP Code Coupation Amount Guaranteed Outstanding: Date Due Interest Rate Secured: Occupation Amount Guaranteed Outstanding: Date Due Interest Rate Inte				
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This f 50.00 TERMS Date Incurred Date Due Interest Rate Secured: Interest Rate	City	State ZIP C	code	
TERMS Date Incurred Og	Lakewood	NJ 0870 ⁻	1	
Date Due Interest Rate Secured: Date Due Interest Rate Secured:				
1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code City State ZIP Code Outstanding: Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Occupation Amount Occupation Amount Guaranteed Outstanding: Occupation	Date Incurred Mo2 ^M / Do5 ^D / Y 2014 Y	M M / D D / Y		% (apr)
Mailing Address City State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding:			Name of Employer	
Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Description Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding:		ary		
City State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding:	Mailing Address		Occupation	
Mailing Address City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: City State ZIP Code Amount Guaranteed Outstanding: City State ZIP Code Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding:	City Sta	ate ZIP Code	Guaranteed	7
Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mame of Employer Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Description: Description	2. Full Name (Last, First, Middle Initial	l)	Name of Employer	
City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Name of Employer Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Description: Amount Guaranteed Outstanding: Description: Amount Guaranteed Outstanding: Description: Amount Guaranteed Outstanding: Description: Descri	Mailing Address		Occupation	
Mailing Address City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Name of Employer Occupation Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: Description Amount Guaranteed Outstanding: Description Amount Guaranteed Outstanding:	City Sta	ate ZIP Code	Guaranteed	, ,
City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Guaranteed Outstanding: Display State ZIP Code Outstanding: Display State ZIP Code State S	3. Full Name (Last, First, Middle Initial)	Name of Employer	
City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: UBTOTALS This Period This Page (optional)	Mailing Address		Occupation	
Mailing Address Occupation Amount Guaranteed Outstanding: UBTOTALS This Period This Page (optional)	City Sta	ate ZIP Code	Guaranteed	y
City State ZIP Code Guaranteed Outstanding: UBTOTALS This Period This Page (optional) 50.00	4. Full Name (Last, First, Middle Initial		Name of Employer	
City State ZIP Code Guaranteed Outstanding: UBTOTALS This Period This Page (optional)	Mailing Address		Occupation	
	City Sta	ate ZIP Code	Guaranteed	, ,
OTALS This Period (last page in this line only)	UBTOTALS This Period This Page (opti	ional)	<u> </u>	50.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summ				. , ,

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

	Detailed Summary Page 13b
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4108
Kleinhendler For Congress	
LOAN SOURCE Full Name (Last, First, Middle Initia	
Howard Kleinhendler	Yrimary General
Mailing Address 8 Cabinfield Circle	Other (specify) ———————————————————————————————————
City State	ZIP Code
Lakewood NJ	08701
Original Amount of Loan Cumula	lative Payment To Date Balance Outstanding at Close of This Period
10.00	0.00
TERMS Date Incurred	Date Due Interest Rate Secured:
M 02 M / D 20 D / Y 2014 Y	0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP C	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP C	Code Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount Guaranteed
City State ZIP C	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP C	Code Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	10.00

This I choo least page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D), for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

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	13b

OF

JANS .			Detailed Summary Pa	age (Check only one)	13b
AME OF COMMITTEE (In Full) Kleinhendler For Congres	S		Transa	oction ID : SC/10.4110	
LOAN SOURCE Full Name (Later Howard Kleinhendler	st, First, Mid	dle Initial) 'PERSONAL FO	JNDS] Memo Item	Election: 2014 Primary General	
Mailing Address 8 Cabinfield Circle				Other (specify)	
City Lakewood		State ZIP Co	de		
Original Amount of Loan 5	000.00	Cumulative Payment To	Date Bal	lance Outstanding at Close of Thi	
Date Incurred M 03 M / D 10 D / Y 200	14		Interest Rat	te Secured: .00 % (apr) Yes	No
List All Endorsers or Guaranto 1. Full Name (Last, First, Middl		Loan Source	Name of Employer		
,	C IIIIIaij				
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	
2. Full Name (Last, First, Middle	Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 9 1]
3. Full Name (Last, First, Middle	Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	y	
4. Full Name (Last, First, Middle	Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 1 7 1 7]
UBTOTALS This Period This Pag	e (optional)		······	5000.C	00
OTALS This Period (last page in					
Carry outstanding balance only to	LINE 3, Sch	eaule D, for this line. If	no schedule D, carry for	ward to appropriate line of Sun	ımary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

X 13a

DANS .			Detailed Summary Pag	ge (Crieck Only One) 13a
AME OF COMMITTEE (In Full) Kleinhendler For Congres	s		Transac	ction ID : SC/10.4111
LOAN SOURCE Full Name (La Howard Kleinhendler	st, First, Middle	e Initial) 'PERSONAL FU	NDS] Memo Item	Election: 2014 Primary General
Mailing Address 8 Cabinfield Circle				Other (specify)
City Lakewood		ate ZIP Coc	le	
Lakewood		00701		
Original Amount of Loan	000.00	Cumulative Payment To	Date Bala	ance Outstanding at Close of This Period 5000.00
Date Incurred M 03 M / D 31 D / Y 20		_	Interest Rate	
List All Endorsers or Guaranto 1. Full Name (Last, First, Midd)		oan Source	Name of Employer	
,				
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle	e Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle	e Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7
4. Full Name (Last, First, Middle	e Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This Pag	e (optional)		······ •	5000.00
OTALS This Period (last page in				, , , , , , , , , , , , , , , , , , , ,
arry outstanding balance only to	LINE 3, Sched	uie ש, ior tnis line. If r	io achedule D, carry forv	vard to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

R: X 13a 13b

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		Detailed Surfimary	Page	13b
NAME OF COMMITTEE (In Full)		Tra	nsaction ID : SC/10.4174	
Kleinhendler For Congress				
LOAN SOURCE Full Name (Last, First, Middle In Howard Kleinhendler	itial) 'PERSONAL FUN	IDS] Memo Item	Election: 2014 Primary General	
Mailing Address 8 Cabinfield Circle			Other (specify) ▼	
City State	ZIP Code	;	1	
Lakewood NJ	08701			
Original Amount of Loan Cum 8000.00	nulative Payment To D	0.00	Balance Outstanding at Close of Tl	
Date Incurred Mo4 / P14 / Y Ž014 Y		Interest 730/14	Rate Secured 0.00 % (apr)	:
List All Endorsers or Guarantors (if any) to Loan				
1. Full Name (Last, First, Middle Initial)	"	Name of Employer		
Mailing Address		Occupation		
City State ZIP	Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	1	Name of Employer		
Mailing Address	(Occupation		
City State ZIP	Code	Amount Guaranteed Outstanding:	7 7 7 7 7	
3. Full Name (Last, First, Middle Initial)	1	Name of Employer		
Mailing Address	(Occupation		
City State ZIP	Code	Amount Guaranteed Outstanding:	9 9 9	
4. Full Name (Last, First, Middle Initial)	1	Name of Employer		
Mailing Address		Occupation		
City State ZIP	Code	Amount Guaranteed Outstanding:	9 1 9 1 9 1	
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule	D, for this line. If no	Schedule D, carry	forward to appropriate line of Su	mmary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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JANS		Detailed Summary Page (Crieck Only One)
AME OF COMMITTEE (In Full) Kleinhendler For Congress		Transaction ID : SC/10.4175
LOAN SOURCE Full Name (Last, Howard Kleinhendler	First, Middle Initial) 'PERSONAL	FUNDS] Memo Item Election: 2014 Primary General
Mailing Address 8 Cabinfield Circle		Other (specify) ▼
City	State ZIP (
Original Amount of Loan	Cumulative Payment	To Date Balance Outstanding at Close of This Per 0.00 8000.00
TERMS Date Incurred M 04 / D 30 / Y 2014	Date Du	ue Interest Rate Secured: 11/30/14 0.00 % (apr)
List All Endorsers or Guarantors 1. Full Name (Last, First, Middle In	· · · · · · · · · · · · · · · · · · ·	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle In	itial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle In	itial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle In	itial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This Page (optional)		
Carry outstanding balance only to LII		If no Schedule D, carry forward to appropriate line of Summary
zarry outotarioning balance only to bil	J, Jonesaule D, IOI tillo illie.	concount b, carry forward to appropriate line of cultillary

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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JANS		Detailed Summary Page (Check only one) 13a 13b
AME OF COMMITTEE (In Full) Kleinhendler For Congress		Transaction ID : SC/10.4176
LOAN SOURCE Full Name (Last, Howard Kleinhendler	First, Middle Initial) 'PERSON	MAL FUNDS] Memo Item Election: 2014 Primary General
Mailing Address 8 Cabinfield Circle		Other (specify) ▼
City Lakewood		IP Code 08701
Original Amount of Loan	Cumulative Paymo	ent To Date Balance Outstanding at Close of This Period 0.00 25000.00
TERMS Date Incurred M 05 M / D 14 D / Y 2014	Y M M / D D	e Due Interest Rate Secured: 11/30/14 0.00 (apr) Yes No
List All Endorsers or Guarantors 1. Full Name (Last, First, Middle	* **	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle In	nitial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle In	nitial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle In	nitial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in thi		7 7 8
Carry outstanding balance only to Li	พ⊨ 3, Schedule D, for this li	ne. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	Detailed Summary Page (Check Only One) 13b	
AME OF COMMITTEE (In Full) Kleinhendler For Congress	Transaction ID : SC/10.4199	
LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FULL Howard Kleinhendler	Memo Item Election: 2014 Primary General	
Mailing Address 8 Cabinfield Circle	Other (specify)	
City State ZIP Cod Lakewood NJ 08701	e e	
Original Amount of Loan Cumulative Payment To I	Date Balance Outstanding at Close of This Period 0.00 7000.00	
	Interest Rate Secured: 0.00 % (apr) Yes No	
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial)	Name of Employer	
	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
UBTOTALS This Period This Page (optional)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If n	7 7	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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		13b

DANS	Detailed Summary Page (Check only one) 13a	
AME OF COMMITTEE (In Full) Kleinhendler For Congress	Transaction ID : SC/10.4200	
LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FUN Howard Kleinhendler	Election: 2014 Primary General	
Mailing Address 8 Cabinfield Circle	Other (specify)	
City State ZIP Code Lakewood NJ 08701	}	
Original Amount of Loan Cumulative Payment To Da 5000.00	ate Balance Outstanding at Close of This Period 0.00 5000.00	
	Interest Rate Secured: 0.00 (apr) Yes No	
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial)	Name of Employer	
	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address (Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address (Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
UBTOTALS This Period This Page (optional)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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×	13a
	13b

AME OF COMMITTEE (In Full) Kleinhendler For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) "PERSONAL FI	Primary	
LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL F	Primary	
Howard Kleinhendler	General	
Mailing Address 8 Cabinfield Circle	Other (specify) ▼	
City State ZIP Co	ode	
Lakewood NJ 08701		
Original Amount of Loan Cumulative Payment To 950.00	Date Balance Outstanding at Close of This Period 0.00 950.00	
	Interest Rate Secured: 11/30/14 Secured: (apr) Yes No	
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial)	Name of Employer	
1. Tuli Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
UBTOTALS This Period This Page (optional)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	7 7	

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

	Detailed Summary Page 13b	
NAME OF COMMITTEE (In Full)	Transaction ID : SC/10.4202	
Kleinhendler For Congress		
LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FU	NDS] Memo Item Election: 2014	
Howard Kleinhendler	Primary	
Mailing Address	General	
Mailing Address 8 Cabinfield Circle	Other (specify)	
City State ZIP Coc	de	
Lakewood NJ 08701		
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period	
5000.00	0.00 5000.00	
TERMS Date Incurred Date Due	Interest Rate Secured:	
M06 ^M / D02 ^D / Y 2014 Y M M / D D / Y 1	1/30/14	
List All Endorsers or Guarantors (if any) to Loan Source	Tes INO	
1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
,	Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
3. Full Name (Last, First, Middle Initial)	Outstanding: Name of Employer	
o. Fair Name (East, Filot, Wildele Hillar)	Traine of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	5000.00	
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Schedule D. carry forward to appropriate line of Summary.		